Name in Full

Certificate of Death

Valley P. Brunner

Died at Town Pleasant-Walk County Frederick MARYLAND

Date 1899 Month Aug Day 13th Age Y. — M. 7 D. — Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name E. Ellworth Brunner Mother's Name Minnie Snope

Cause of Death Primary Cholera Infantum How long sick 7 days

Immediate 82 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. B. Wheeler and Son M. D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Burck

Certificate of Death

Died at Town Frederick County MARYLAND

Date 1896 Month 8 Day 11 Age Y. 9 M. D. Netive of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name W Burck Mother's Name ~~[illegible]~~ 27

Cause of Death Primary Tuberculosis Pulmonary How long sick

Immediate Accident, Suicide, Homicide

Reported by Wm P. Fahrney MD

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Mt Olivet Cemetery
August 1 1900
C C Carey

Name in Full John Clark

Certificate of Death

Died at Town Frederick County MARYLAND

Date 1894 Month Aug Day 21 Age Y. 69 M. — D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 22a

Cause of Death Primary Phthisis Pulmonalis How long sick

Immediate Asthmatica Accident, Suicide, Homicide

Reported by Jos J McCurdy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

William Howard Cline

Died at Town: Harmony — County: Frederick — MARYLAND

Date 1899 Month: Aug Day: 7 | Age Y. M. D.: 30. 10. 7 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband ~~of~~ ~~Wife~~ Annie Florence Cline.

Father's Name Thomas Cline. | Mother's Name Catherine Cline.

Cause of Death: Primary Tuberculosis | How long sick 3 years.

Immediate Asthenia 22a | ~~Accident, Suicide, Homicide~~

Reported by Ralph Browning M.D.

Address Myersville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Sarah. Mary Coleman

Certificate of Death

Town County

Died at Frederick MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 Aug 26 Age 76 3 1 Domestic

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced X

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of X

Wife

Father's Name X Mother's Name X

Cause of Death: Primary Carcinoma 25 yr — How long sick

Immediate Asthenia — Accident, Suicide, Homicide

Reported by Jno. J. McCurdy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

a J Rice & son

Name in Full Chas. A. DeGrange

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Aug Day 6 | Age Y. 60 M. — D. | Native of Md. | Occupation Retired

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Peter DeGrange

Mother's Name Louisa Ebberts

Cause of Death: Primary Paresis - General

Immediate Exhaustion 45

How long sick several yrs

~~Accident, Suicide, Homicide~~

Reported by S. S. Maynard

Address 17 W. Second St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Ellen Earntz

Died at Town: Centerville County: Frederick MARYLAND

Date 1899 Month: 8 Day: 17 | Age Y. 11 M. 12 D. | Native of: Md | Occupation: —

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband of Wife

Father's Name: Edgar S Earntz

Mother's Name: Clara E. Earntz

Cause of Death: Primary: Marasmus 82 | How long sick: 4 days

Immediate: Cholera Infantum | Accident, Suicide, Homicide

Reported by: O. B. Stone M. D

Address: Libertytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full — Certificete of Death

Mrs. Edward Etzler.

Died at Town: Near New London — County: Frederick — MARYLAND

Date 189 9 — Month: 8 — Day: 24 — Age: Y. M. D. — Native of: Ferd Co — Occupation: Housework

~~Male~~ Female — White — Colored — Married — ~~Single~~ — Widow — Widower — ~~Divorced~~

Number of children living 3 -

~~Husband~~ Wife of Edward Etzler.

Father's Name: Jno D. Lindsay. — Mother's Name: Mrs Rankles.

Cause of Death — Primary: Typhoid Fever - 1 — How long sick: 7 weeks

Immediate: Heart failure - — ~~Accident, Suicide, Homicide~~

Reported by J. W Dorsey MD

Address New Market Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74B48

Name in Full

Catharine E. Fauble

Certificate of Death

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Aug Day: 16 | Age Y. 75 M. 3 D. — | Native of Germany | Occupation Retired

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 2

Husband of / Wife Mrs. Conrad Fauble

Father's Name — Dietrich

Mother's Name

Cause of Death — Primary: Dysentery 84 — How long sick 2 weeks

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by S. S. Maynard

Address 17 E. Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full | Certificate of Death

Minnie Elsie Fogle

Died at Town: Linganore Jonesville County: Fredericks MARYLAND

Date 1899 Month: 8th Day: 1st | Age Y.: 35 M.: 2 D. | Native of: Maryland | Occupation: Laborer's wife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife: George Fogle

Father's Name: Frank White | Mother's Name: Mary White

Cause of Death: Primary: Consumption 22a | How long sick

Immediate: Abortion | Accident, Suicide, Homicide

Reported by: D E Stone MD

Address: Mt Pleasant Fred. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full John M. Freshour

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Aug. Day 21 Age Y. 63 M. 4 D. 2 Native of Frederick Occupation Cooper

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6.

Husband ~~Wife~~ of Ann. C. Freshour

Father's Name Adam Freshour Mother's Name Lydia Fauble.

Cause of Death Primary Dysentery 84 How long sick

Immediate Intestinal hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Wilson A. Long, M.D.

Address 45, S. Market Street, City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

Interment Aug 4th
" at Mt Olivet

A. F. Price Undertaker

Name in Full — Certificate of Death

Lillie M. Gaasch,

Died at Town: Frederick County: Frederick. MARYLAND

Date 189 9. Month: August Day: 3d | Age Y. 22. M. 10 D. 3 | Native of Frederick | Occupation Nurse

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife of Mr. Gaasch,

Father's Name | Mother's Name Mrs Clarence Young,

Cause of Death: Primary — Obstruction of bowels, | How long sick 10 days,

Immediate — Peritonitis 85

Accident, ~~Suicide~~, Homicide

Reported by Frank H. Hedges,

Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Owens

LIBRARY BUREAU, 65968

Interment Aug 6th
" at Mt Olivet
A. T. Rice & Sons.

Name In Full Geiser

Certificate of Death

Town

County Frederick

Died at MARYLAND

Date 1899. Month 8 Day 15 | Age Y. M. D. | Native of | Occupation

Mala / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of X

Father's Name Curtis F. Geiser

Mother's Name Minnie X. Geiser

Cause of Death — Primary: Still-born — How long sick

Immediate — Accidant, Suicida, Homicida

Reported by Emmett Buchanan Jr.

Address City.

Must ba signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 798RR

Name In Full

Certificate of Death

Edna May Gladhill

Town County

Died at Harmony Frederick. MARYLAND

Date 1899 Month Aug. Day 3 | Age Y. — M. 5 D. 14 | Native of Maryland | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Calvin T. K. Gladhill Mother's Name Edna May Gladhill

Cause of Death Primary Quinsy ~~8~~ 79 How long sick 7 —

Immediate Septicaemia. ~~Accident, Suicide, Homicide~~

Reported by Ralph Browning M.D.

Address Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

David McKinley Goodwin

Died at Town: Johnsville County: Frederick MARYLAND

Date 189 4 Month: Aug Day: 10 | Age Y.: 2 M.: 8 D.: | Native of | Occupation

Male ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: George Goodwin | Mother's Name: Mary Ogle

Cause of Death — Primary: Cholera Infantum | How long sick: 7 days

Immediate: Convulsions 82 | ~~Accident, Suicide~~, Homicide

Reported by F. H. Liddell

Address Johnsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70018

Name in Full Mamie Irene Green

Certificate of Death

Died at Town Fountain Rock County Fred County MARYLAND

Date 1899 Month Aug Day 3 | Age Y. 10 M. Month D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name Wm Green

Mother's Name Clara Jacks dont know

Cause of Death: Primary Cholera infantum | How long sick 24 hrs

Immediate | Accident, Suicide, Homicide

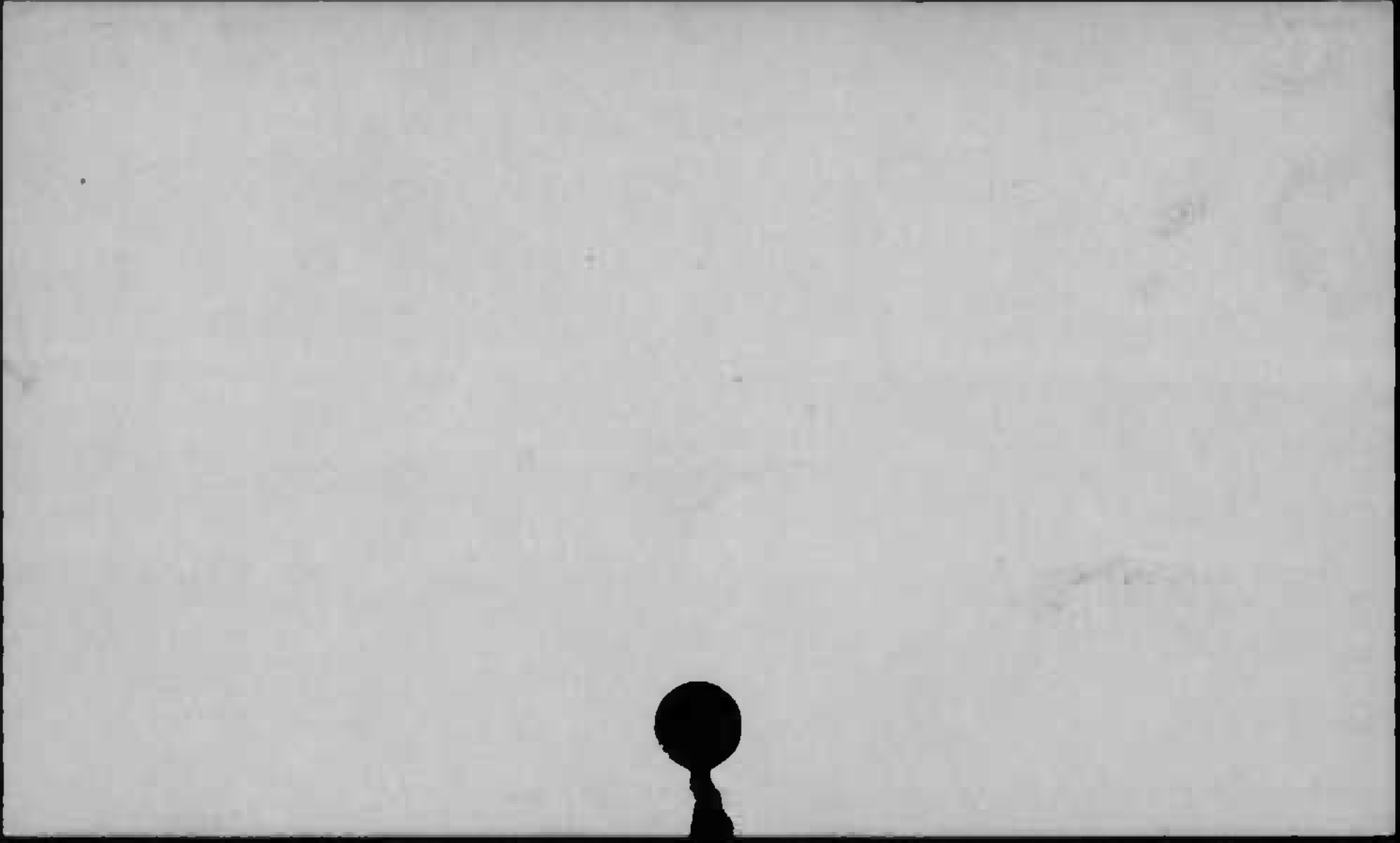
82

Reported by Chas W. Goldsborough

Address Walkersville Fred Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: William Haugh

Certificate of Death

Died at Town: Frederick, County: Frederick, MARYLAND

Date 1899 Month: Aug. Day: 21st | Age: Y. 88 M. D. | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living

Husband / Wife of Frances

Father's Name | Mother's Name 97

Cause of Death: Primary: Chronic Bright's Disease | How long sick: Six weeks

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by: S. V. Haffner, M. D.

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Chas Maynard Hildebrand

Town

County

Died at near Brunswick Fred. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9 Aug	12	Age 11		15	md	

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband of

Wife

Father's Name J M Hildebrand

Mother's Name L M Burbaker

Cause of Death — Primary 82

How long sick 3 weeks

Immediate Cholera Infantum

Accident, Suicide, Homicide

Reported by Office

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Dr Elgin

Informant

J M Hildbrand

Name in Full | Certificate of Death

Annie Hillman

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Aug. Day: 20 | Age Y. 23 M. D. | Native of: Fredk. Co. | Occupation: Servant

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name: Jane Hillman

Cause of Death: Primary: Consumption | How long sick: 6 months

Immediate: 22a | Accident, Suicide, Homicide

Reported by: F. F. Smith

Address: 40 E-2d St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

C. C. Carty

Catholic Cemetery

Aug 22d 99

Name in Full

Certificate of Death

Mrs Caroline E. Keller

Died at Town: Frederick County: Frederick MARYLAND

Dato 1899 Month: aug Day: 23 Age Y. 72 M. 4 D. 14 Native of Md Occupation

~~Male~~ Female White ~~Colored~~ Married Single Widow ~~Widower~~ ~~Divorced~~ Number of children living 4

~~Husband~~ Wife of Charles F. Keller

Father's Name Wm Hunt Mother's Name Maria

25 8

Cause of Death: Primary Carcinoma of Duodenum How long sick 9 years

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Johnson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. F5880

C C Carty
Mr Kennedy
Aug 25 '99

Name in Full

Rena May Kemp

Certificate of Death

Died at Buckeystown (Town) Frederick (County) MARYLAND

Date 189 | Month 8 | Day 31 | Age Y. — M. 1 D. 24 | Native of Md. | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

82

Father's Name Martin Kemp. Mother's Name Annie Ramsburg (Kemp)

Cause of Death — Primary: Cholera Infantum — How long sick: 5 days

Immediate — Accident, Suicide, Homicide

Reported by T. Clyde Routson M.D.

Address Buckeystown, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Name in Full | Certificate of Death

Mary Marge Long

Died at Town Brunswick County Fred MARYLAND

Date 189 9 Month Aug Day 16 | Age Y. M. D. 11 | Native of Md | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Wm H Long | Mother's Name Cora A Anderson.

Cause of Death: Primary 39a | How long sick 3 mo

Immediate Brain Fever | Accident, Suicide, Homicide

Reported by C H Fitzhugh Bro

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Dr West

Informant

Wm H Lo(

Name In Full Lucinda A McKenzie — Certificate of Death

Died at Town Petersville County Frederick MARYLAND

Date 189 Month 9 Day Aug. 11 | Age Y. 74 M. D. | Native of Md | Occupation Home wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Francis McKenzie

Father's Name Jacob Staub | Mother's Name Annie Little

Cause of Death: Primary Paralysis 44 — How long sick 2 yrs

Immediate cy Pneumonia — Accident, Suicide, Homicide

Reported by Levin West

Address Brunswick Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received - 8-28 99
5.45 P M

Name in Full Eleanor S. Mains

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Aug Day 2 Age Y. 62 M. 6 D. 11 Native of Frederick Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Lewis H. Mains

Father's Name Peter Thomas. Mother's Name Susan Schipple

Cause of Death Primary Cancer. (Uterine) How long sick 6 Mos

Immediate Exhaustion 25 d Accident, Suicide, Homicide

Reported by J. S. Maynard.

Address 17 W. Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

Interment Aug 5th
" Mt Olivet
A. T. Rice & Sons.

Name in Full

Certificate of Death

Infant Z Annie Holley

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 8 Day 12 | Age Y. 1 M. x D. 4 | Native of Frederick | Occupation x x

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Not Known

Mother's Name Annie Holley

Cause of Death: Primary x 140

Immediate Prematurity

How long sick 2 days

~~Accident, Suicide, Homicide~~

Reported by Dr. A. Long, M.D.

Address 461 S. Market St Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Funeral Thursday
Laboring Sons Cemetery
A Z R & Son

Name in Full: Olney, Myrtle Viola

Certificate of Death

Died at Town: Frederick — County: Fred 16 — MARYLAND

Date 1896 Month 7 Day 20 | Age Y. 1, M. 1, D. 15, | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Charles Olney

Mother's Name: (deceased)

Cause of Death: Primary: Inanition 82

Immediate: Infantile Marasmus

How long sick: 1 week under treatment

~~Accident, Suicide, Homicide~~

Reported by: Hey P. Fahrney MD

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ran

Died at Town Brunswick County Frederick MARYLAND

Date 1894 Month ~~24~~ 8 Day 26 Age Y. M. D. half hour Native of Md. Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Chas E Ran Mother's Name Mamie

Cause of Death Primary 137 How long sick

Immediate Valvular deficiency ~~Accident, Suicide, Homicide~~

Reported by Dr. Fisk Elgin

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868

Received 8 26 94

4 30 PM

Name in Full — Certificate of Death

Georgia F. Riddlemoser

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: Aug — Day: 11 — Age: Y. M. D. — Native of: Frederick — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 0

Husband / Wife of —

Father's Name: Geo F Riddlemoser — Mother's Name: Carrie M Castle

Cause of Death — Primary: Still Birth - dead probably 3 days — How long sick

Immediate: Failure of skull to unite at suture due to Hydrocephaloid condition — ~~Accident, Suicide, Homicide~~

Reported by: LaBruck

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Rodgers

Died at Johnsville Town County Frederick MARYLAND

Date 189 9 Month 8 Day 25 | Age Y. 81 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Beard 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

George W. B. Shriner

Died at Town: Frederick County: Frederick MARYLAND

Date 1897 Month: Aug. Day: 16 | Age Y. 52. M. 10. D. 5. | Native of Frederick Co. | Occupation, Retired Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Alice E. Easler

Father's Name Cornelius Shriner | Mother's Name Mary P. Barnick

Cause of Death: Primary Chronic Nephritis | How long sick 20 months.

Immediate Uraemic Coma 97 ~~Accident, Suicide, Homicide~~

Reported by Sabrack M.D.

Address 17 E. 2nd Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Interment Aug 18th
" at Mt Olive
A. T. Rice & Sons

Name in Full — Smith — Certificate of Death

Died at — Town: Bridgeport — County: Frederick — MARYLAND

Date 189 9 — Month: Oct — Day: 24 — Age: Y. M. D. — Native of — Occupation

Male / Female — White / ~~Colored~~ — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name: E. F. Smith — Mother's Name

Cause of Death — Primary: 161 — Immediate — How long sick — Accident, Suicide, Homicide

Reported by: Carrel Rund

Address: [redacted] 8-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Child of W W Smith

Died at Town Knoxville County Frederick MARYLAND

Date 189 9 Month 8 Day 29 | Age Y. 1 M. 6 D. | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm W Smith

Mother's Name Alice Nelson

Cause of Death: Primary Diarrhea 83 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by [illegible]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Dr West

Informant

Mrs Grimes

aunt of W W A

Name in Full

Certificate of Death

Edward Springer

Died Town: Near Emmitsburg County: Frederick MARYLAND

Date 1899 Month: August Day: 16 | Age Y. 79 M. D. | Native of [illegible] | Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife Mary Magdalene Young

Father's Name

Mother's Name

Cause of Death: Primary Old age 141 | Immediate Cystitis

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by Robert L. Annan

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Othetta L Steiner

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Aug Day: 22 | Age Y.: 64 M.: 2 D.: 0 | Native of: Frederick | Occupation: Housewife

Male White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

~~Husband~~ Wife of H. Francis Steiner

Father's Name: Otho Fout | Mother's Name: Catherine Crum

Cause of Death: Primary: Inflammation of bowels | How long sick: 10 days

Immediate: Paralysis of the heart | ~~Accident, Suicide, Homicide~~

Reported by: 83 F. F. Smith

Address: 40 E 20 St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

Interment Aug 25th
" Mt Olivet
A. T. Rice & Sons.

Name in Full Sarah Ellen Stitely

Certificate of Death

Died at Town Libertytown County Fred K. MARYLAND

Date 1899 Month May Day 11th Age Y. 15 M. 11 D. Native of Libertytown Occupation House-wife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband ~~Wife~~ of Ezra Stitely

Father's Name George Fogle Mother's Name Elizabeth Fogle

Cause of Death Primary How long sick

Immediate Heart ~~Failure~~ Disease 57 Accident, Suicide, Homicide

Reported by G. W. Beall. M.D.

Address Libertytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Margaret Turley,

Certificate of Death

Died at Emmitsburg (Town) Frederick (County) MARYLAND

Date 1899 Month 8, Day 14,

Age Y. 79, M. 8, D. 14

Native of Ireland

Occupation Religious

Male ☐ Female ☒

White ☒ Colored ☐

Married ☐ Single ☒ Widow ☐ Widower ☐ Divorced ☐

Number of children living

Husband of Wife

Father's Name

Mother's Name

22 C

Cause of Death — Primary: Tuberculosis — Bladder — How long sick: one week

Immediate: Apoplexy Brain. — Accident, Suicide, Homicide

Reported by John D. Brawner.

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Sarah M Tyler, Certificate of Death

Died at Town Emmitsburg County Fredk MARYLAND

Date 1899 Month Day Aug 13 - Age Y. M. D. 95. 4. 27. Native of U.S. Occupation Religious

Male White = Married Widow Divorced

Female = Colored Single = Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Old age - 141 How long sick Six months

Immediate Gastritis - Accident, Suicide, Homicide

Reported by John B. Browne,

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Susannah Vansant.

Died at Town: Liberty — County: Frederick — MARYLAND

Date 1899 Month: Aug Day: 4 | Age Y. 87 M. 11 D. 2 | Native of Balt Co | Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 9

Husband / Wife of Moses Vansant

Father's Name Not Known — Mother's Name Not Known

Cause of Death — Primary: Heart disease & dropsy. — How long sick 12 weeks.

Immediate: Heart failure. 8-7 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Thomas Linn

Address Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name In Full

Certificate of Death

Saml E Whiten

Died at Town Frodk County Frodk MARYLAND

Date 1899 Month 8 Day 15 Age Y. M. D. 6 Native of Md Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Saml Whiten Mother's Name

Cause of Death Primary 49 How long sick

Immediate Spasms Accident, Suicide, Homicide

Reported by Harriett Robertson Cold

Address E 5th St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. None

of

Seen by Coroner None

of

Information contained in this certificate received from Harriett Robertson Cold

of Fruck Md

Funeral Thursday
Government
A T R N

Name in Full Wiles Certificate of Death

Still Born Female Child

Died at Town Bradock County Frederick MARYLAND

Date 189 2 Month Aug Day 12 Age Y. M. D. — Native of — Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife —

Father's Name T. Mc. Wiles Mother's Name Pollie Rice

Cause of Death Primary Hydrocephalus How long sick

Immediate Birth 50 ~~Accident, Suicide, Homicide~~

Reported by L W Beckley

Address Middleton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant of Wm Wilson's

Certificate of Death

Died at Town Fredfunk County MARYLAND

Date 1899 Month Aug Day 19 Age Y. — M. 10 D. X Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 82

Cause of Death Primary Cholera Infantum How long sick

Immediate Accident, Suicide, Homicide

Reported by Geo J. McCurdy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Helen Wise

Died at Town: Fredk | County: Fredk | MARYLAND

Date 1899 | Month: 8 | Day: 18 | Age Y. 1 M. – D. – | Native of: Md | Occupation: —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number~~ of children living

Husband of Wife

Father's Name: Unknown | Mother's Name: Nannie Wise

Cause of Death: Primary: Measles | How long sick: 6 weeks

Immediate: Marasmus | Accident, Suicide, Homicide

5

Reported by: N. T. Rice & Sons

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Attended by Dr. None

Attended by Mrs. _____

of _____

Seen by Coroner None

of _____

Information Furnished by Wm Wise
Grand Father of Child
Residence E Dell Saints Rd

Name in Full George James Wolf

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 8 Day 4 Age Y. X M. 2 D. 20 Native of md Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced X Number of children living

Huaband of Wife

Father's Name George Wolf Mother's Name Plunkett

Cause of Death Primary Heat Stroke 147 How long sick 2 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by C F Goodell M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU